NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03000006006

1. Entity Name ORGANIZACION DE PERIODISTAS IBEROAMERICANOS OPI

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FILED

04 SEP 20 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business	3. Mailing Address
600 BRICKELL AV.	SAME
Suite, Apt. #, etc. 300-L	Suite, Apt. #, etc.
City & State MIAMI FL	City & State
Zip 33131 Country USA	Zip Country

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4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name ALVARO J. MARTINEZ

Street Address (P.O. Box Number is Not Acceptable) 600 BRICKELL AVE.

SUITE 300-L

City MIAMI FL Zip Code 33131

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE (P) NAME ALVARO J. MARTINEZ STREET ADDRESS 600 BRICKELL AV. CITY-ST-ZIP SUITE 300L MIAMI FL. 33131		TITLE NAME STREET ADDRESS CITY-ST-ZIP	100041610701 10/05/04--01077--008 **61.25
TITLE VP NAME ENRIQUE CORDOBA STREET ADDRESS 600 BRICKELL AV. CITY-ST-ZIP SUITE 300-L MIAMI. FL 33131		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE (VP) NAME IGNACIO ESPINOZA STREET ADDRESS 600 BRICKELL AVE. CITY-ST-ZIP SUITE 300-L MIAMI FL 33131		TITLE NAME STREET ADDRESS CITY-ST-ZIP	**DO NOT WRITE**
TITLE VP NAME ROMAN MEDINA B. STREET ADDRESS 600 BRICKELL AV. CITY-ST-ZIP SUITE 300-L MIAMI FL. 33131		TITLE NAME STREET ADDRESS CITY-ST-ZIP	**IN THIS SPACE**
TITLE (S) NAME DANTE ALVA STREET ADDRESS 600 BRICKELL AV CITY-ST-ZIP SUITE 300-L MIAMI FL 33131		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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